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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-023609
STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6344

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give location) 07 Christian Hosp. — Length of stay in 1b 8 hrs 2209
d. STREET ADDRESS (If outside, give location) 221 Benton — Reside on Farm Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri — COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Ralph Middle Ambrose Last Pamley
4. DATE OF DEATH Month June Day 20 Year 1958
5. SEX Male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 17 1912
9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR Months 3 Days 11 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Washington Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Alfred Pamley
13b. MOTHER'S MAIDEN NAME Bridget Boyer
14. NAME OF HUSBAND OR WIFE Pauline Pamley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World war 2
16. SOCIAL SECURITY NO. —
17. INFORMANT Harry Pamley — Address St. Louis Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Internal Hemorrhage following penetrating wound of rectum.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture ribs right side.
DUE TO (c) E 9033 6
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered in fall from pier
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Compound below striking steel rods while working at chain of Rocks Project about 350 pm. June 20th 1958
20c. TIME OF INJURY 350 Hour p.m. Month, Day, Year 6 20 58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 8 Pier
20f. CITY, TOWN, OR LOCATION St Louis Mo — COUNTY — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1140 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick J. Taylor Coroner (Degree or title) 3
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 6 23/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-24-58
23c. NAME OF CEMETERY OR CREMATORY Potosi Masonic Cem.
23d. LOCATION (City, town, or county) Potosi Mo. (State)

24. FUNERAL DIRECTOR Mrs. Luther Sparks — ADDRESS Potosi Mo.
25. DATE RECD. BY LOCAL REG. JUN 23 '58
26. REGISTRAR'S SIGNATURE J Carl Smith MD MSB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

JUL 14 1958

JUL 17 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Murphy L. Spann

Licensed Embalmer No. 4236

P. O. Address Ft. Pat Russell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.